No. **W 11571**	**Due no later than Mar 31, 2011** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** IMPULSE MEDICAL L.L.C. WILLIAM C FITZHUGH PO BOX 5172 TWIN FALLS ID 83303	RUTH C STEVENSPRICE 160 MAIN AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	WILLIAM C FITZHUGH MD	589 SHOUP AVE W	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 11571**	Signature: William C. Fitzhugh MD	Date: 01/24/2011
	Name (type or print): William C. Fitzhugh MD	Title: Manager

Processed 01/24/2011

* Electronically provided signatures are accepted as original signatures.